

FILED APR 28 1944

Registration District No. 2

Primary Registration District No.

804-6 5796

State File No.

Registrar's No. 162

## 1. PLACE OF DEATH:

(a) County Moniteau Co.  
(b) City or town McGirk, Mo. Walker Junc  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McGirk, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether  
In this community Life years, months or days)

3. (a) PRINT FULL NAME Mary Phelen

3. (b) If veteran, No name war  
3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, 2 divorced Widowed  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased Nov 18 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 3 21 hr. min.

9. Birthplace 9  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife11. Industry or business Mitchel James12. Name Mitchel James13. Birthplace Tenn  
(City, town, or county) (State or foreign country)14. Maiden name Peggie Glenn15. Birthplace Tenn  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Lula Hutchinson(b) Address Mrs. J. H. Harrison17. (a) Burial (b) Date thereof Mar. 12, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation McGirk Cemt.18. (a) Signature of funeral director Bowlin Funeral Home(b) Address California, Mo.19. (a) 4-12-44 (b) P. J. Allen  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68  
(c) City or town McGirk, Mo.  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. McGirk, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 10  
year 1944 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 3  
1944 to Mar 10, 1944  
that I last saw him alive on Mar 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis

Due to

Due to

Other conditions.  
(Include pregnancy within 3 months of death) 97Major findings:  
Of operations

Of autopsy

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature P. J. Allen (M.D. or other) S.D.Address California Date signed 3/14/44

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 4-27-44

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California, M.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. may  
Registrar's No. 162

Registration District No. 224

Primary Registration District No. 5796

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town McLeansville  
(c) Name of hospital or institution: Walsh Funeral Home  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Phelan

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive (Year)

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days (less than one day) min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Year 1944 Hour 10 Minute 00 M.

21. I hereby certify that I attended the deceased from (Date) (City or town) (County) (State) 19...; that I last saw him/her alive on (Date) (City or town) (County) (State) 19...; and that death occurred on the date and hour stated above. Immediate cause of death

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

Supplementary

15263